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Date: April 25, 2005
of pages: 3 pages
(Including this page)

Re: U.S. Serial No. 10/769,219 Confirmation No. 8524
Attorney Docket No.: P-025-US4
entitled: Beta2-Adrenergic Receptor Agonists

OFFICIAL PAPERS

Att: Power of Attorney and Correspondence Address Indication Form (1-page)
Statement Under 37 CFR 3.73(b) (1-page)

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Dated: April 25, 2005Facsimile Number: (703) 872-9306By: Joyce G. Cohen

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PTO/SB/96 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: MORAN et al.Application No./Patent No.: 10/769,219 Filed/Issue Date: January 30, 2004Entitled: Beta 2-Adrenergic Receptor Agonists
(continuation of 09/674,451 filed November 1, 2004, now US 6,713,851;
which is a 371 of PCT/US99/11804 filed June 7, 1999)Theravance, Inc. _____, a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

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A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: Inventors To: Advanced Medicine, Inc. (Assignment document)
The document was recorded in the United States Patent and Trademark Office at
Reel 011583, Frame 0887, or for which a copy thereof is attached.2. From: Advanced Medicine, Inc. To: Theravance, Inc. (Merger document)
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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


Signature4/25/05
DateJeffrey A. Haganah, Reg. No. 35,175(650) 808-6406

Printed or Typed Name

Telephone Number

Assistant Secretary of Theravance, Inc.

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/769,219
Filing Date	January 30, 2004
First Named Inventor	MORAN et al.
Title	Beta2-Adrenergic Receptor Agonists
Art Unit	1621
Examiner Name	KUMAR, Shailendra
Attorney Docket Number	P-025-US4

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☐ Practitioner(s) named below:

Name	Registration Number

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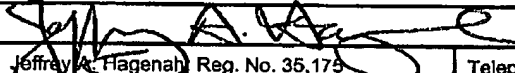
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record

Signature		Date	4/25/05
Name	Jeffrey A. Hagenah Reg. No. 35,175	Telephone	(650) 808-6406
Title and Company	Assistant Secretary of Theravance, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of forms are submitted.

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